

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	37 38	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	(1)					
15	(1)					
16	(1)					
17	(1)					
18	(1)					
19	(1)					
20	(1)					
21	(1)					
22	(1)					
23	(1)					
24	(1)					
25	1					
26	1					
27	(1)					
28	(1)					
29	(1)					
30	1					
31	1					
32	2					
33	(1)					
34	(1)					
35	1					
36	1					
37	2					
38	(1)					
39	(1)					
40	1					
41	1					
42	1					
43	1					
44	(1)					
45	(1)					
46						
47						
48						
49						
50						
TOTAL IND.	16					
TOTAL DEP.	13					
TOTAL CLAIMS	53					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								